

SCHOOL REPORT TO LOCAL HEALTH DEPARTMENT

Wisconsin State Statute 252.04 requires that all students through grade 12 who do not submit waivers must present evidence of having received at least the first dose of each vaccine required for their grade within 30 school days of admission and the second dose of DTP/DTaP/DT/Td, Polio, MMR and Hepatitis B vaccines within 90 school days of admission. Evidence of the third and fourth doses (if required for their grade) of DTP/DTaP/DT/Td, Polio and the third dose of Hepatitis B vaccines must be submitted within 30 school days of the beginning of the next school year. Schools must report to the local health department the compliance by students each year by the 40th school day.

Telephone I.D. Number for Address Label School District

Principal Person Completing Form

Name of School (as listed on label)

Address

City/Town Zip County

COMPLETE BOTH PARTS A AND PART B (Part B is on reverse)

PART A

INSTRUCTIONS: Indicate how many students fall into each category (1 through 7) in the grade groupings below. The sum of these categories (row 8) must equal the enrollment for the grade(s) in that column. List students in rows 2 through 7 in Part B. Mail to your local city or county health department, not the Wisconsin Department of Health and Family Services. Do not delay completion of this report, submit promptly.

	List Number of Students	Pre-Kindergarten	Kindergarten	Grades 1-12	TOTAL
(1)	Who meet all minimum requirements				
(2)	<i>In Process</i> (first dose within 30 school days and second dose within 90 school days)				
(3)*	<i>Behind Schedule</i> (missed deadline for first, second, or final doses of vaccine)				
(4)*	With <i>no record</i> on file				
(5)	With health <i>waiver</i>				
(6)	With religious <i>waiver</i>				
(7)	With personal conviction <i>waiver</i>				
(8)**	TOTAL (must = enrollment for grades included in the column)				

*Names of these students are to be reported to the district attorney and/or may be excluded.

**Total Row 8 = Total of Last Column = Enrollment of School

- For student(s) **BEHIND SCHEDULE** or **NO RECORD** (Part A, rows 3 & 4) enter date student(s) will be reported to the District Attorney.
- For student(s) **IN PROCESS** or **WAIVERS** (Part A, rows 2,5,6 & 7) check appropriate box, 'In Process', H=Health Reasons, R=Religious Reasons, and PC= Personal Conviction. Note: If a separate list of students who are **IN PROCESS** of receiving only Hep B vaccine is maintained it is not necessary to list on Part B. Under Varicella mark "V" for vaccine and "D" for disease.
- For MMR, if first dose was received before the student's first birthday, do not count the dose. Do not include a history of disease, only the vaccine.

[illegible]